

## **Participant Complaint Against a Store Form WIC-345A**

**Purpose:** To document complaints filed against stores.

**Reference:** PRR 04.1

**Procedure:** Complete the following for a complaint against a store.

1. Enter store name, Crossroads WIC ID System #, address of store and store telephone number.
2. Enter date and time problem occurred.
3. Enter cashier's or manager's name and description.
4. Include product name and UPC if applicable, copy of receipt when available, and other details.
5. Check all boxes that apply. If necessary; write an account of what happened. You may use a blank sheet of paper.
6. Indicating who is filing the complaint, providing full name, address and contact.
7. Enter the family number of participant filing complaint.
8. The signature of the individual filing the complaint is required.
9. You may fax or email the form to the Vendor Liaison assigned to your health district, or to [WIC\\_Retailer@vdh.gov](mailto:WIC_Retailer@vdh.gov). The form may also be sent via USPS mail (address at end of form).

**Issuance:** As needed.

**Retention:** In accordance with WIC policy ADM 11.0-Record Retention.

**Participant Complaint Against a Store Form  
WIC-345A**

Store Name/Number: \_\_\_\_\_ Crossroads WIC ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Store Telephone # ( ) \_\_\_\_\_

Date of Problem: \_\_\_\_\_ Time of Problem \_\_\_\_\_ AM/PM

Cashier/Manager Name: \_\_\_\_\_ Description (Race, Gender, etc.) \_\_\_\_\_

☐ Unable to purchase a WIC approved item. **Include UPC info below.** Was the item scanned (Yes or No)? \_\_\_\_.

☐ Cashier would not allow item, advised to purchase a different item. **Include UPC info below.**

☐ Store does not use WIC shelf labels on WIC approved foods. **Include UPC info below.**

**Item 12-digit UPC:** \_\_\_\_\_

**Item Brand/Description:** \_\_\_\_\_

☐ Unable to use eWIC card for purchase at the store

Error message received: \_\_\_\_\_

☐ Cashier or store personnel were rude in processing my order.

☐ Other/Details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Complaint Filed by: \_\_\_\_\_ ☐ (Participant) ☐ (Local Agency Staff)

eWIC Family Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Participant Email Address \_\_\_\_\_ **(Required to receive an updates)**

Participant Address: \_\_\_\_\_

Local Agency Email Address \_\_\_\_\_

The statements I have made are true \_\_\_\_\_  
Signature Date

## Participant Complaint Against a Store Form WIC-345A

### Send via:

#### Mail:

State WIC Office  
Vendor Compliance Team Manager  
109 Governor Street, Eighth Floor  
Richmond, VA 23219

Fax: (804) 864-7851 or 7854

Email: [WIC\\_Retailer@vdh.gov](mailto:WIC_Retailer@vdh.gov)

---

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- 2) fax: (202) 690-7442, or
- 3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

---